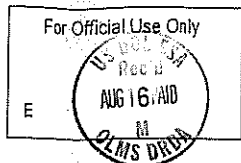


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7775</u>	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>GABRIEL M ROSETTI III</u> P.O. Box, Bldg., Room No., if any Street <u>4 BRASTOW LANE</u> City <u>JORDAN</u> State <u>NY</u> ZIP Code + 4 <u>13080</u>	4. Name, file number, and address of labor organization. Name <u>CONSTRUCTION and GENERAL LABORERS</u> Labor Organization File Number <u>542-966</u> P.O. Box, Building and Room Number, if any Street <u>2051 FLY Road</u> City <u>SYRACUSE</u> State <u>NY</u> ZIP Code + 4 <u>13057</u>
5. Position in labor organization. <u>BUSINESS AGENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*Gabriel M. Rosetti III*

On

8-8-05

Date

315 471-1591

Telephone Number

Name of Person Filing <b>GABRIEL M. ROSETTI</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>QCI INVESTMENTS</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <b>40 A</b></p> <p>Street <b>GROVE STREET</b></p> <p>City <b>PITTSFORD</b></p> <p>State <b>NY</b> ZIP Code + 4 <b>14534</b></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>ONONDAGA COUNTY LABORERS PENSION HEALTH WELFARE ANNUITY AND TRAINING</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <b>7051</b></p> <p>Street <b>FLY ROAD</b></p> <p>City <b>SYRACUSE</b></p> <p>State <b>NY</b> ZIP Code + 4 <b>13057</b></p>	<p>11.a. Nature of such dealing.</p> <p><b>INVESTMENT MANAGERS</b></p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p><b>DINNER FOR TRUSTEES AND OTHER PROVIDERS</b> <b>8-8-04</b></p> <p>12.b. Amount. <b>UNKNOWN</b></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing

GABRIEL M. ROSETT: III

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name J.P. JEANNERET ASSOCIATES

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 100 EAST WASHINGTON STREET

City SYRACUSE

State NY

ZIP Code + 4 13202

9. Business deals with:

a. Labor Organization

☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name ONONDAGA COUNTY LABORERS Health/welfare  
PENSION/ANNUITY/TRAINING FUNDS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 7057 FLY ROAD

City SYRACUSE

State NY

ZIP Code + 4 13057

11.a. Nature of such dealing.

INVESTMENTS

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

DINNER for Trustees  
and other providers

12.b. Amount. UNKNOWN

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment

Name of Person Filing **GABRIEL M. ROSETTI, III**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **OPPENHEIMER CAPITAL**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **1345 AVENUE OF THE AMERICAS**City **NEW YORK**State **NY**ZIP Code + 4 **10105-4800**

9. Business deals with:

a. Labor Organization

☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

**INVESTMENTS**

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

**DINNER FOR TRUSTEES and  
other Providers  
8-10-04**12.b. Amount. **UNKNOWN**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment

Name of Person Filing GABRIEL M. ROSETTI, III

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ONONDAGA COUNTY LABORERS Pension  
Health welfare SECURITY and TRAINING

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 7051 FLY RoadCity SYRACUSEState NYZIP Code + 4 13057

9. Business deals with:

☒ a. Labor Organization☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Provide Health and Pension as well  
as training for PARTICIPANTS of the  
Funds

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

ATTENDING Education and Training  
meetings  
(see ATTACHED)12.b. Amount. 4295.73

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

2004 EXPENSES

Name:	Date of Payment	Amount of Payment	Explanation of Expenditure
Gabriel Rosetti, III Business Agent	1/22/2004	\$351.50	Airfare for IFEBP Educational Conference Feb 21-25, 2004 - Orlando, FL
	2/12/2004	\$2,100.00	Lodging and Meal Expenses IFEBP Educational Conference Orlando, FL - Feb 21-25, 2004
	3/3/2004	(\$435.51)	Refund
	Subtotal:	\$2,015.99	
	4/23/2004	\$915.00	Registration IFEBP Annual Conference Sept 20-22, 2004 - New Orleans Refund - Conference Cancelled
	10/16/2004	(\$915.00)	
	4/23/2004	\$243.90	Airfare IFEBP Annual Conference New Orleans
	4/23/2004	\$220.35	Hotel Deposit - IFEBP Annual Conference
	Subtotal	\$464.25	
	3/5/2004	\$157.52	Loss Wages - BOT meeting Attendance March 2, 2004
	3/5/2004	\$630.08	Loss Wages - Educational Conference Attendance Feb 23-26, 2004
	3/16/2004	\$26.16	Board of Trustees Meeting Mar 2, 2004 Meals - Wyndham Hotel
	6/25/2004	\$26.60	Board of Trustees Meeting May 18, 2004 Meals- Wyndham Hotel

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[illegible]